STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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OCT 2 4 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

J. Grint	ulas Str	ntegic Solv	trons LLC.
II. Name of Client			Date October 23, 20
Political Contributions For each political contribut Elient/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of condidate:	N/H/	200	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	s Seeking
enter an estimated value and t	ne word "estimate.		
		Donna	
	Soury (Last Name)		(Middle Name/Initial)
Full name of candidate:			(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kiractual cost of the in-kind cont	(Last Name) 60 and contribution, provide cribution on the line abo	Office Candidate is	
Full name of candidate: Amount of contribution \$	(Last Name) 60 and contribution, provide cribution on the line abo	Office Candidate is a description of the good ve for amount of contrib	s Seeking <u>Sevate</u> ds or services provided, and enter the ution. If the actual cost is not know

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t the foregoing inform
$\frac{20 - 23 - 17}{\text{(Date)}}$
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STATE OF NEW HAMPSHIRE

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I. Name of Lobbyist(s)	JODI 6	rimbilas	
II. Name of lobbyist's part	tnership, firm or corpo	ration, if any:	
J. Grint	prias Stra	tegic Solution	ens LLC.
III. Name of Client			_Date Oct. 23, 201
Political Contributions For each political contribut client/lobbyist and lobbying			664 paid on behalf of the
Full name of candidate:			
Amount of contribution \$	100	Office Candidate is Se	eeking <u>Sevate</u>
enter an estimated value and t	he word "estimate."	Chuck	on. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is Se	eking Sevote.
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line above	description of the goods of for amount of contribution	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	II asi Namel		
Amount of contribution \$	•	·	eeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.) Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Signature of lobbyist) (Signature of lobbyist) (Date) (Print Name of lobbyist)